2005 FOR PROFIT CORPORATION . ANNUAL REPORT

Jun 08, 2005 8:00 am Secretary of State 05-04-2005 90187 022 ***150 00 DOCUMENT # P04000088233 JERRY'S DRYWALL & PAINTING, INC. Principal Place of Business Malling Address 66022309 42414 MAGGIE JONES RD 42414 MAGGIE JONES RD PAISLEY, FL 32767-9441 PAISLEY, FL 32767-9441 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04132005 CR2E034 (10/03) 4. EEI Number 5/05/ City & State Applied For City & State Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MATHIS, JERRY L Street Address (P.O. Box Number is Not Acceptable) 42414 MAGGIE JONES RD PAISLEY, FL 32767-9441 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ☐ Defete TITLE TITLE Change Addition NAME MATHIS, JERRY L NAME 42414 MAGGIE JONES RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PAISLEY, FL 327679441 CITY-ST-ZP ☐ Delete Change ■ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITE F ☐1 Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-718 CITY-ST-ZIP TITLE Delete TITLE Change Addition

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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on a strackment with an address, with all other like empowered.

NAMÉ

STREET ADDRESS

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: